

## ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 49     | 11/27/00 |
| FORMALITY REVIEW          | m m      | 780    | 4-18-01  |
| RESPONSE FORMALITY REVIEW | m        | 905    | 8/27/01  |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Date     |
|-------|----------|
| Final | Original |
| 1     | 11/27/00 |
| 2     | 11/27/00 |
| 3     | 11/27/00 |
| 4     | 11/27/00 |
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| Claim | Date     |
|-------|----------|
| Final | Original |
| 51    | 11/27/00 |
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| Claim | Date     |
|-------|----------|
| Final | Original |
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| 102   |          |
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If more than 150 claims or 10 actions  
staple additional sheet here

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RE30-5258  
01/24/01